

DUE DATE: WITHIN 30 DAYS

OMB No. 0607-0432: Approval Expires 12/31/2001

FORM
(8-10-98)

QFR-103A(NB)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NATURE OF BUSINESS REPORT

Complete items 1 through 9. Omissions and inconsistencies will result in correspondence which is both costly and time consuming.

NOTE – Please read the enclosed Rules for Consolidation before completing this report. **CONSOLIDATE** every domestic corporation which is owned more than 50 percent by your corporation and its majority-owned corporations, **EXCEPT** those explicitly excluded. **Audited figures are not required.** **Estimates are acceptable.**

RETURN
OR
FAX TO

Bureau of the Census
Company Statistics Division
Attn: QFR
Washington, DC 20233-6192
FAX No. 1-888-353-4102

NOTICE – Response to this inquiry is **required by law (title 13, U.S. Code)**. By the same law, your report to the Census Bureau is **confidential**. It may be seen only by sworn Census employees and may be used only for statistical purposes. The law also provides that copies retained in your files are **immune from legal process**.

(Please correct any error in name, address, and ZIP Code)

CENSUS USE ONLY

1. Enter the latest accounting year closing date

Month

Day

Year

Latest accounting year ending –

a. Total assets

b. Total gross receipts

Amount

\$

\$

2. Specify the particular type of operation which most clearly describes the primary business activity of this company (for example: book publisher, manufacturer of machine tools, sales of farm equipment, grocery supermarket, oil and gas extraction, coal mining, etc.).

3. List all sources from which gross receipts (reported in item 1b) were derived. (If more space is needed, reference item number and attach a separate sheet.)

Source of gross receipts (a)	Estimated percent of gross receipts (b)	Materials used (for 3a and b only) (c)
a. List products made, processed, or assembled by this company with its own facilities (include contract work done for others on their materials)		Principal raw materials used in production (indicate form in which purchased)
	%	
	%	
	%	
	%	
	%	
	%	
	%	
b. List products made, processed, or assembled for this company by others (from materials owned by this company)		Materials from which products were made
	%	
	%	
	%	
	%	
c. List wholesale activities (goods bought and resold)		Include in 3c – Products bought and resold to (or, as agents or brokers, bought for or sold to) retailers, wholesalers, and business users, for example: apparel, food products, machinery, farm equipment and supplies, petroleum products, and electronic products. Note that this category includes manufacturers representatives.
	%	
	%	
	%	
	%	
	%	
	%	
	%	
d. List retail activities (goods bought and resold to the public)		Include in 3d – Merchandise bought and resold to the general public for personal or household consumption, for example: groceries, clothing, automobiles, fuel oil, hardware, and lumber. Note that this category does not include supplies and equipment sold for use in agricultural production, these are considered wholesale operations for this report.
	%	
	%	
	%	
	%	
	%	
	%	
e. List mining activities (identify principal mineral involved)		Include in 3e – Mining, on-site milling, exploration and developing, quarrying, and mining services for others, for example: coal preparation, operation of oil and gas wells, making seismograph surveys, and operating iron ore mines.
	%	
	%	
	%	
	%	
f. Other sources of receipts		Include in 3f – Identify sources of receipts not listed in above categories, for example, real estate rental, insurance services, construction trades, transportation and utilities services, and agricultural production.
	%	
	%	
	%	
	%	
TOTAL Gross Receipts	100%	

4. What were the processes performed by or for this company in making the products listed on lines 3a and b above?

PENALTY FOR FAILURE TO REPORT

CONTINUE ON REVERSE

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS

The replies to items 5 through 8 should reflect the PRESENT status of your company as of –

Today’s date

Month

Day

Year

5a. Name of reporting company (Exact corporate title)

b. Date corporation chartered

c. State in which chartered

d. Name of chief executive officer

Title

e. List Federal Employer Identification Number(s) under which income and payroll taxes are reported

6. Give name, mailing address, and Federal Employer Identification Number(s) of any DOMESTIC corporation which owns more than 50 percent of the reporting company (If none, enter "none.")

a. Name (Exact corporate title)

b. Mailing address (Number and street)

c. City

State

ZIP Code

d. Federal Employer Identification Number(s)

7. Does the reporting company have majority-owned domestic corporations? (Mark "X" one)

☐ No – SKIP to item 8

☐ Yes – Complete information below. If more space is needed, reference item number and attach a separate sheet.

Name (Exact corporate title)	Mailing address (Number, street, city, State, ZIP Code)	Federal Employer Identification Number(s)	Incorporated (d)		Fully consolidated in reply to items 1 through 4 (Mark "X" one) (e)	
			Date (Month, day, year)	State	Yes	No See codes below
(a)	(b)	(c)				
	-----					<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2
	-----					<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2
	-----					<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2
	-----					<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2
	-----					<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2
	-----					<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2
	-----					<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2
	-----					<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2
	-----					<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2
	-----					<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2
	-----					<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2
	-----					<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2
	-----					<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2
	-----					<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2
	-----					<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2

Codes for column (e) –

1 – Inactive

2 – Not taxable under the U.S. Internal Revenue Code

3 – Engaged primarily in an excludable industry

8. Status of reporting company during the last three years (Mark "X" one and complete where applicable)

☐ Has been operated without change in its corporate structure

☐ Was organized as a completely new business

☐ Has changed its corporate title without reincorporation
(Enter date changed and former corporate title)

☐ Had a majority of its stock acquired
(Enter date acquired, name, and mailing address of purchasing company)

☐ Was formed as a successor
(Enter date of succession, name, and mailing address of previously existing business)

☐ Sold its assets
(Enter date sold, name, and mailing address of purchasing company)

☐ Was merged
(Enter date merged, name, and mailing address of continuing company)

☐ Was succeeded
(Enter date succeeded, name, and mailing address of successor company)

☐ Discontinued business (Enter date discontinued)

☐ Was legally dissolved (Enter date dissolved)

☐ Made other changes in corporate structure (Specify)

Date title changed

Former corporate title

Date

Name

Mailing address (Number and street)

City

State

ZIP Code

Date

8. Person to contact regarding this report (Print or type)

Title

Area code

Number

Extension

FORM QFR-103A(NB) (8-10-98)